

<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).</p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<p>Complete if Known</p>			
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/560,234-Conf. #1475		
		Filing Date	April 20, 2006		
		First Named Inventor	Jari PELTONEN		
		Examiner Name	E. V. Arnold		
		Art Unit	1616		
TOTAL AMOUNT OF PAYMENT		(\$)	120.00	Attorney Docket No.	0696-0225PUS1

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch & Birch, LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments	

FEE CALCULATION

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity		Small Entity		Small Entity		
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES		Small Entity
Fee Description	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims 16 - 20 = 0 x _____ = _____	Extra Claims 0 x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims 2 - 3 = 0 x _____ = _____	Extra Claims 0 x _____ = _____	Fee (\$) _____	Fee Paid (\$) _____
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x _____	_____	_____

4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>	Fees Paid (\$) _____ 120.00
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	21,066
Name (Print/Type)	Raymond C. Stewart	Telephone	(703) 205-8012
		Date	May 23, 2008